

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	REFERENCE STANDARD AND METHOD FOR CALIBRATION
Attorney Docket Number::	SPRINGSTEEN1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Arthur

Middle Name::  
Family Name:: SPRINGSTEEN  
Name Suffix::  
City of Residence:: Wilmington  
State or Province of Residence:: OH  
Country of Residence:: USA  
Street of Mailing Address:: P.O Box 822, 91 Worthington Road  
City of Mailing Address:: Wilmington  
State or Province of Mailing Address:: OH  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: Ian  
Middle Name:: A.  
Family Name:: COWE

Name Suffix::  
City of Residence:: Osbaldwick  
State or Province of Residence::  
Country of Residence:: United Kingdom  
Street of Mailing Address:: 37 Broughton Way  
City of Mailing Address:: Osbaldwick  
State or Province of Mailing Address::  
Country of Mailing Address:: United Kingdom  
Postal or Zip Code of Mailing Address:: York YO10 3BG

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
Sweden	0301897-5	06/27/03	Yes

**Assignment Information**

Assignee Name::	FOSS TECATOR AB
Street of Mailing Address::	Box 70
City of Mailing Address::	Hoganas
State or Province of Mailing Address::	
Country of Mailing Address::	Sweden
Postal or Zip Code of Mailing Address::	263 21